

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/533241

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
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43		/				
44	/					
45		/				
46	/					
47	/					
48		/				
49		/				
50		/				
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/				
52		/				
53		/				
54		/				
55		/				
56		/				
57	/					
58		/				
59		/				
60		/				
61	/					
62	/					
63		/				
64		/				
65	/					
66		/				
67	/					
68		/				
69		2				
70	/					
71		/				
72	/					
73		/				
74	/					
75	/					
76		/				
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79		/				
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99	/					
100		/				
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

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CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101						
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150						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
151						
152						
153						
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200						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

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CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
201		0				
202		0				
203		2				
204		0				
205		0				
206		0				
207		0				
208		0				
209		0				
210		0				
211		0				
212		0				
213		0				
214		0				
215		0				
216		0				
217		0				
218		0				
219		0				
220		0				
221		0				
222		0				
223		0				
224		0				
225	1					
226	1					
227	1					
228	1					
229		2				
230		2				
231		2				
232		2				
233		2				
234	1					
235		1				
236		1				
237		1				
238		1				
239		1				
240						
241						
242						
243						
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245						
246						
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250						
TOTAL IND.	24	↓		↓		↓
TOTAL DEP.	229	←		←		←
TOTAL CLAIMS	253					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
151						
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200						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						